

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.W		05-07-01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	5/27
FORMALITY REVIEW	MD	579	6/29/01
RESPONSE FORMALITY REVIEW	M. H	628	09-27-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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4-5
 10-29-01
 6-29-01
 10/29/01